NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

XZW INCORPORATED

ACCOUNTS RECEIVABLE DEPT
P O BOX 1111
ANYWHERE NC 22222

PROVIDER N	PROVIDER NUMBER 89XXXXX		REPORT SEQ. NUMBER				17 DATE 12/06/199			PAGE	2	
NAME RECIPIENT ID	SERVICE DATES DAYS FROM TO OR MM DD CCYY MM DD CCYY UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION			TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY												
RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % ADJUSTMEN LESS THAN	T % W/H	TRANSFER INDICATOR	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB
ADJUSTMENTS NEGATIVE												
PRINCIPAL YOUTH GLADYS 976542318P	08/01/ <u>1999</u> 09/17/ <u>1999</u>	93 <u>1999</u> 308990110 <u>1999</u> 260755440				N	225000	225000	00	00	225000	0112
BROWN MARY 988885556Q	09/02/ <u>1999</u> 10/18/ <u>1999</u>	93 <u>1999</u> 306990220 <u>1999</u> 291751240				N	1125000	1125000	00	00	1125000	0112
PENALTY						SUB TOTAL:	1350000	1350000	00	00	1350000	
YOUTH GLADYS 976542318P	08/01/ <u>1999</u> 10/20/ <u>1999</u>	<u>1999</u> 293402350				N	22500	22500	00	00	22500	2254
BROWN MARY 988885556Q	09/02/ <u>1999</u> 11/25/ <u>1999</u>	<u>1999</u> 329401250				N	112500	112500	00	00	112500	2254
						SUB-TOTAL:	135000	135000	00	00	135000	

NOTE: <u>Underlined</u> items are fields that were expanded in order to become Y2K compliant

NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

XZW INCORPORATED

ACCOUNTS RECEIVABLE DEPT
P O BOX 1111
ANYWHERE NC 22222

PROVIDER NUMBER 89XXXXX				REPORT SEQ. NUMBER		17 DAT		DATE	12/06/ <u>1999</u>	PAGE	3	
NAME RECIPIENT ID	SERVICE DATES DAYS FROM TO OR MM DD CCYY MM DD CCYY UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION			TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY												
RECIPIENT NAME/ RECIPIENT ID ADJUSTMENTS	FROM DOS/ TXN DATES	ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % ADJUSTME LESS THAI	NT % W/H	TRANSFER INDICATOR	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB
NEGATIVE INTEREST YOUTH GLADYS 976542318P	08/01/ <u>1999</u> 10/20/ <u>1999</u>	<u>1999</u> 293502360				N	1627	1627	00	00	1627	2256
YOUTH GLADYS 976542318P	08/01/ <u>1999</u> 11/25/ <u>1999</u>	<u>1999</u> 329502360				N	2075	2075	00	00	2075	2256
BROWN MARY 988885556Q	09/02/ <u>1999</u> 11/25/ <u>1999</u>	<u>1999</u> 329501610				N	9370	9370	00	00	9370	2256
						SUB TOTAL: TOTAL PPI:	13072 1498072		00 00	00 00		
(TOTAL OF COLUMN C FOR PRINCIPAL, PENALTY, AND INTEREST = TO "WITHHELD AMOUNT" ON CLAIMS PAYMENT SUMMARY PAGE)												

NOTE: Underlined items are fields that were expanded in order to become Y2K compliant